	ID and	Vehicle R	egistra	tion Fo	rm		
		PERSONNEL I	ATA SHEE	T			
Last Name	First Name	Middle Initial	SSN	Gra	de	Rate	
Branch of Service: (CIRCLE O		RINES ARMY	Status: (CIR		CIVIL SERV	RESERVES ICE VISITOR	
AIR FORCE COAST GUARD CIVILIAN  Duty Station/Employer(Department, Command, Division, Unit)			UIC/RUC	Bade		Work telephone	
Address:							
ity: State; Zip;			Home Pho		Phone:	one:	
DOB:	Sex: (CIRCLE ONE)  MALE FEMALE			Hair:		Arrival:	
Drivers License #: State Issued:			Eyes:	Eyes:		Departure:	
Auto Ins: (Including policy number)			Height:		Anniversa	Anniversary:	
Other Info:			Weight:		Expiration	Expiration:	
		Vehicle Re	gistration				
VEH LICENSE # STATE	MAKE OF CAR	MODEL	YEAR	COLOR	DOD DECAL AN	EXPIRATION .	
VEH LICENSE # STATE	MAKE OF CAR	MODEL	YEAR	COLOR	DOD DECAL AN	D EXPIRATION	
VEH LICENSE # STATE	MAKE OF CAR	MODEL	YEAR	COLOR	DOD DECAL AN	D EXPIRATION	

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